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SUBJECT: DJIBOUTI - USAID FOOD INSECURITY ASSESSMENT

¶11. SUMMARY. A USAID team traveled to Djibouti December 15-21 to assess food insecurity and malnutrition. Due to a combination of continuing drought and increased food prices, Djibouti's food security situation remains precarious, with both a shortage in food availability and reduced purchasing power affecting access to commodities. November rains have not been adequate to start recovery for pastoralists, and the number of vulnerable Djiboutians in need of assistance continues to rise. Malnutrition, while not surveyed since 2007, is a continuing problem based on admissions to feeding programs. In response, the UN World Food Program (WFP) is increasing its beneficiary numbers and piloting an urban food program. The UN Children's Fund (UNICEF) continues to promote malnutrition treatment at the health facility and community level in partnership with the Ministry of Health (MOH). USAID has some concerns over WFP's management of food distributions, but recommends continued support once they are addressed. Continued support for UNICEF is also recommended. END SUMMARY.

FOOD SECURITY IN DJIBOUTI

¶12. A USAID team consisting of the Office of Foreign Disaster Assistance (OFDA) Principal Regional Advisor and Food for Peace (FFP) Regional Advisor visited Djibouti December 15-21 to assess the food security situation and response. The team traveled to Dikhil and Ali Sabieh districts in the south, and met with government and UN officials, and Embassy and USAID staff.

¶13. While there have been some marginal improvements in pasture and water with the November seasonal coastal rains (and some unseasonal inland showers), they have not been widespread nor significant enough to promote any real recovery. With a gradual but continual degradation of coping mechanisms, including increased livestock deaths, many pastoralists have been forced to settle in populated areas, and the number of vulnerable people continued to rise in ¶2008.

¶14. The team visited Lac Abbe, Kouta Bouyya, As-Eyla, Sankal, Dikhil, Ali Sabieh, and Hol-Hol villages December 16-18. In the areas visited in Dikhil district, there had been no rain since early 2006. Significant numbers of animals had died, and a large number of pastoralists facing livestock depletion and destitution had been forced to migrate to more populated areas to access services,

including WFP food assistance.

¶15. The team noted that a number of water points had dried up, and that food prices--although down slightly from earlier highs--were still exorbitant for many Djiboutians. The terms of trade between livestock and cereals had become disastrous for pastoralists: in the past, one goat could fetch a sack of rice with change to spare; one bag now (when available) would cost four-five goats. Livestock did not appear especially emaciated, but herd size was greatly reduced, since many animals had already died.

MALNUTRITION

¶16. Hard data on current malnutrition levels in Djibouti do not exist. The most recent malnutrition survey was undertaken in November 2007 by the Government of Djibouti (GoDJ), UNICEF, and WFP, and documented some alarmingly high levels of global and severe acute malnutrition (GAM and SAM). Rates as high as 24.8 percent (GAM) and 3.5 percent (SAM) were recorded in northwest Djibouti, with other drought-affected areas also hard hit. The average figures for the country as a whole were 16.8 percent (GAM) and 2.4 percent (SAM). Since then, the only data available has come from screening children who are brought in to health centers, and there is a good deal of conjecture over what the rates may be. Based on the 1997 rates, it is estimated that 25,000 children in Djibouti are malnourished, but UNICEF believes only about 10,000 are receiving treatment due to limited resources and lack of awareness.

¶17. In response, and with support from USAID/OFDA, UNICEF has been

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promoting malnutrition treatment at the health center and community level. UNICEF provides training, equipment, and supplies to MOH hospitals and clinics. Inclusion of malnutrition treatment as part of the routine activity at health centers is new in Djibouti, and UNICEF has made some good progress in getting the MOH to view it as a treatable disease. UNICEF claims mortality from severe malnourishment in Djibouti town has dropped from 7.9 percent in 2007 to 3.3 percent in 2008. The challenge now is for the MOH to complete the application of this approach in the rural areas, and ensure the provision of staff and specialized feeding products that go with it.

¶18. UNICEF and MOH sensitization of the population about malnutrition appears to be having some effect. In Kouta Bouyya, the team was told by village leaders that when there is a suspected malnutrition case, it is brought to the attention of one of the community health workers (CHWs) who the MOH has started deploying in the rural areas. If the CHW determines that the child is severely malnourished, the child is referred to the Dikhil district hospital for treatment. If the child is moderately malnourished, supplemental food and counseling is provided to the parents if available. Although this system is not perfect, the villagers are aware of it and know what they need to do if they suspect malnutrition. Unfortunately, the sensitization has not reached all the population, and not all cases are obvious. Another weakness in the system is the irregular supply of supplementary and therapeutic food commodities, as well as nutrients and other requirements.

¶19. At the district hospital in Dikhil, 20 of 72 beds are taken up by severely malnourished children receiving inpatient treatment, many of them living too far to benefit from the community-based approach UNICEF and the MOH are promoting. The head doctor at the hospital said that there has been a marked improvement over the last year, since the MOH started taking malnutrition seriously and the support of UNICEF commenced. In 2007, out of 22 cases that completed treatment at the hospital, 14 were cured and 8 died; through November 2008, they have admitted 76 for treatment, of whom 34 were cured and 10 have died (the balance are still in treatment or have left the hospital). The head doctor believes that there are many victims that are not being reached, but that the health system's ability to find and treat them continues to steadily improve.

¶10. To improve malnutrition management, UNICEF would like to perform

another survey, and to establish a surveillance system within the MOH which would provide regular data and assist in the effort to bring the presumably high malnutrition rates down. It will also need a regular supply of medicines and specialized commodities for treatment.

"MIGRANTS" AT SANKAL

¶11. The team visited Sankal, a military outpost at a crossing point on the Djibouti-Ethiopia border, to assess the situation of a reported 1,500 "migrant" families. This population is said to consist of ethnic Somalis who are from the unmarked and loosely-administered border area of Ethiopia, Djibouti, and Somaliland.

¶12. According to the village chief, there are 500 families in the village, together with another 1,500 migrant families, all of nomadic origin. The migrants arrived six months earlier, reportedly due to losing their animals to drought, and hoped to receive humanitarian assistance. However, judging by the number of empty houses, a substantial number of them appear to have left. They are living in modest conditions in small stone houses with few personal possessions. Water comes from a dirty source just over the Ethiopian border. The MOH has established a temporary health post staffed by two nurses, which treats basic ailments and transfers any serious cases to the hospital in Dikhil on a daily basis. The nurses said the major health problems in the village are diarrhea caused by the dirty water, and malnutrition. They said in the six months the group has been there, 100 people have died as a result.

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¶13. In a discussion with the migrants, the team noticed some reticence to explain who they were, where they came from, and why they were in Sankal specifically. Their representatives said they came to this village because of kinship and because of the tradition of assistance this provided. A trip up the hill to the military post--with a full view of all the houses in the vicinity--revealed that the reticence might have been due to the claim that there are a total of 2,000 families in Sankal. An estimate of the number of occupied houses revealed a figure of 200-300, and it is suspected that the self-reported number of 2,000 families was an attempt to access additional food assistance. Further, the hospital director in Dikhil confirmed that Sankal is not a village at all, just a place where hungry nomads can come within Djibouti to be included, they hope, in food distributions.

¶14. The morning of the team's visit, WFP had delivered food for 200 families, and it was clear that this food was going to be distributed to all those present by the community distribution team. The WFP food monitor on the scene noted that there were plans to increase Sankal's allocation to up to 600 families, but said that without increased resources for the district, she would be forced to reduce other allocations in Dikhil to provide enough in Sankal. While the level of individual need appeared clear, it also appeared that WFP would be well-served by re-assessing the population levels here. Regardless of who these people are, they would probably not be in Sankal unless they needed the food and medical assistance there (although some of their medical problems are caused by the dirty water there; an example of the very tough decisions hungry people are forced to make).

WFP RESPONSE

¶15. WFP currently provides food assistance to 80,000 rural beneficiaries, up from 53,000 people a few months ago. On the ground, WFP allocates commodities for an approved number of beneficiaries; the community then distributes the rations in varying quantities to meet the needs of all its residents. WFP staff do not regularly monitor these distributions, nor did they--when present--take any part in the actual distribution process.

(Targeting is notoriously difficult in pastoralist communities, where sharing is a cultural norm.)

¶16. In Kouta Bouyya, for example, residents received half of a 50-kilogram bag of grain per family rather than the originally allocated full bag; in As-Eyla, three families shared a single bag--due ostensibly to significant numbers of pastoralists not being present at the distribution but who would receive the food later. It was unclear what would happen to these undistributed commodities at the conclusion of the distribution.

¶17. The distributions were also disorganized, and WFP should monitor more regularly and with a stronger presence to ensure that distributions are conducted properly and that any issues are reported immediately to the country office. WFP has a good rural presence, with an office, staff and vehicle in each district, but needs strengthened monitoring with more robust reporting and resolution of issues.

¶18. Dikhil district is unique in Djibouti, in that it has sizable numbers of both Somali and Afar residents, and has historically been a flashpoint for violence between the groups. In As-Eyla, a mixed rural community, the team noted that only Somali beneficiaries were being targeted with food assistance, although the team saw a number of Afar households and were provided the names of communities that were clearly in need. It appeared that the Somali village chief and the Somali WFP field monitor were under significant pressure to support "their" people with limited resources. An international WFP staff member should visit immediately to rectify this situation and ensure that distributions are based on need and not/not ethnicity.

¶19. WFP Djibouti currently lacks strong leadership and direction; it has had an acting Country Director for the past four months (and

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reportedly for at least another three-four months). While it has an energetic and very capable program officer, she is leaving for maternity leave for the next six months. It even has its former program officer (replaced due to performance issues) still sitting in Djibouti, continuing to receive all his benefits despite having done no work in over one year. WFP Djibouti urgently needs an experienced, francophone country director as well as a strong TDY program officer. It also needs to rid itself of the former program officer--who by doing nothing continues to cause stress within the office.

¶20. USAID/FFP continues to have questions about the targeting and activities of WFP's pilot urban food program, planned to begin in February to around 55,000 highly food insecure people in Djibouti city. This complex new pilot activity, WFP's planned rural/urban Emergency Food Security Assessment (EFSA) in April, and the seriousness of the broader Horn of Africa drought situation, all require the strong program management skills of an experienced country director and energetic and innovative TDY program officer.

CONCLUSIONS

¶21. Southwestern Djibouti continues to suffer from drought, malnutrition, low food availability, and very poor terms of trade for pastoralists, making access to cereals dependent on WFP food distributions. Although there is no reliable data, malnutrition is clearly a serious problem. However, efforts to manage it are having a positive impact and, with continued support, should be able to reach most of the rural population during 2009.

¶22. WFP is currently meeting the food needs of most vulnerable rural Djiboutians. That said, the team recommends that a new WFP Country Director and TDY program officer be positioned as quickly as possible. WFP also needs to ensure more effective distributions through stronger field monitoring and reporting/resolution of issues. WFP has noted USAID concerns that As-Eyla could become a potential point of conflict if Afar beneficiaries are not included, and EA/FFP will follow up to ensure that this point is rectified quickly. As WFP's pipeline is due to break in April, EA/FFP

recommends that FFP make an appropriate contribution when possible--ideally once WFP has shown its commitment to effective staffing.

¶23. A modest investment by USAID/OFDA in UNICEF has paid off with an actively engaged MOH supported by UNICEF addressing malnutrition full on, although more needs to be done to reduce the suspected continued high rates and to provide early warning and treatment in all rural areas. It is recommended that USAID/OFDA consider continuing support to UNICEF to expand and embed the malnutrition program within the MOH, as well as undertake another nutritional survey and implement a surveillance system.

SWAN